



DISCLOSURE OF SERVICES

NOTE: The use of the term “we” refers to the boarding home named at the top of the page.

The boarding home licensee shall disclose to the residents, the residents’ legal representative if any, and if not, the residents’ representative if any, and to interested consumers upon request, the scope of care and services offered, using the form developed and provided by the department, in addition to any supplemental information that may be provided by the licensee. (RCW 18.20.300)

This disclosure form provides initial general information about our boarding home, and allows you to compare care services of different boarding homes. (Licensed boarding homes in Washington are sometimes called “assisted living” facilities.) Prior to moving in, you should visit a boarding home to ask how they will assist you with your unique needs and preferences.

Boarding homes may change the services that are available and the charges for these services, by providing thirty days advance notice to residents. However, a boarding home must give you ninety days advance notice of any voluntary decrease in services that would require you to move out.

Who may live in a boarding home?

- No boarding home is permitted to provide continuing services to you if you need to have a registered nurse frequently evaluate your condition. However, **if** you require frequent nursing evaluation and we can meet your needs, you may be allowed to remain in the boarding home, when;
 - You have a short term illness that is expected to last less than fourteen days, or
 - You are receiving hospice services.
- We may not be able to serve you if you need services beyond those disclosed on this form.
- You may need to move out when we cannot meet your needs and moving out is necessary for your welfare. However, each boarding home must attempt to “reasonably accommodate”¹ your needs before it can require you to move out.

This form was developed by the Aging and Disability Services Administration

¹ “Reasonably accommodate” means making reasonable modification to policies, practices or procedures or providing additional aid and services. A boarding home is not required to “reasonably accommodate” a resident: if the resident presents a significant risk to the health or safety of other residents and the accommodation does not acceptably minimize the risk; the accommodation would fundamentally alter the nature of the services the boarding home provides; or the accommodation would cause an undue burden on the boarding home.

Home/Provider:

I. Services/Care

All boarding homes must provide the care and services listed below, according to what you have agreed to in your negotiated service agreement.

A. **Activities:** All boarding homes must help you arrange social, recreational, religious or other activities in the boarding home and in the community. Washington State law, RCW 70.129.030(4), requires the boarding home to inform each individual, or their representative, in writing, of the services, items and activities customarily available in the facility or arranged for by the facility as permitted by the facility's license. Contact the boarding home for this information if not already provided.

- Additional activities/comments

B. **Food and Diets:** All boarding homes must provide three meals per day, nutritious snacks, and prescribed general low sodium diets, general diabetic diets, and mechanical soft diets. Additionally, we are not required but have chosen to provide the following diets:

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Calorie controlled diabetic diets. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Puree diets |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Additional dietary services or comments |

C. **Arranging Health Care Appointments:** All boarding homes must help you arrange health care appointments and remind you of them, as necessary.

- Additionally, we will provide the following optional services (or clarifying comments):

D. **Coordinating Health Care Services:** All boarding homes must coordinate services you receive from health care providers in the community with the services the boarding home provides to you, if you agree.

- Additionally, we will provide the following optional services (or clarifying comments):

E. **Laundry:** All boarding homes must provide laundry services to keep your clothes clean and in good repair, and provide you with clean towels, washcloths, and bed linens at least once per week.

- Additionally, we will provide the following optional services (or clarifying comments):

F. **Housekeeping:** All boarding homes must maintain your living quarters and other areas you may use in a safe, clean and comfortable condition.

- Additionally, we will provide the following optional services (or clarifying comments):

Home/Provider:

II. Assistance With Daily Tasks

Boarding homes are not required to provide assistance with activities of daily living (ADLs). If a boarding home chooses to provide assistance with ADLs, it must provide at least the minimum level of assistance described following each ADL listed below, consistent with your preference and with reasonable accommodation law.

Yes No

☐ ☐ We provide assistance with ADLs.

A. **Bathing:** If needed, boarding homes providing assistance with ADLs must occasionally remind you to wash and dry all areas of your body; provide stand-by assistance getting into and out of the tub/shower; and steady you as you bathe.

Additionally, we will provide the following optional services:

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Physical assistance getting into/out of the bathtub or shower. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Help washing areas that may be hard for you to reach, such as your back or feet. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Total bathing assistance if you cannot bathe yourself. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Bed baths. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Special equipment, assistance or devices to help transferring into or out of showers or bathtubs. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Other bathing services (specify) or comments: |

B. **Toileting:** If needed, boarding homes providing assistance with ADLs must occasionally remind you of necessary toileting activities; provide stand-by assistance while you perform them; and steady you as you use the toilet or adjust your clothing.

Additionally, we will provide the following optional services:

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Physically help you to and from the toilet or bathroom. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Help you with incontinent products and occasionally help to clean you. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Provide urinary catheter care (indwelling, external/condom), cleaning and changing bag. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Provide routine ostomy care, site maintenance and changing bag. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Provide care for bladder incontinence, including routinely cleaning you as necessary. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Provide care for bowel incontinence, including routinely cleaning you as necessary. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Provide other services (specify) or comments: |

Home/Provider:

- C. **Transferring:** If needed, boarding homes providing assistance with ADLs must occasionally remind or cue you, and occasionally provide stand-by assistance and steady you, while you transfer.

Additionally, we will provide the following optional types of services:

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Routinely provide stand-by assistance while you transfer into and out of your bed or wheelchair, or onto and off of a toilet or shower chair. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. One-person physical assistance with transferring. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Two-person physical assistance with transferring. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Lifting with mechanical equipment |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Other transferring services (specify) or comments: |

- D. **Personal Hygiene:** If needed, boarding homes providing assistance with ADLs must occasionally remind you to comb your hair, brush your teeth, shave, wash your face and hands and apply make-up, and occasionally provide standby assistance and steady you while you perform these activities.

Additionally, we will provide the following optional services:

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Set out your personal hygiene and grooming items. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Help you with grooming tasks such as brushing your hair, shaving, applying make-up or filing your nails. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Help you with oral care and brushing your teeth. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Help you wash and dry your face and hands. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Help you wash and dry other parts of your body, as needed. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Other personal hygiene services (specify) or comments: |

- E. **Eating:** If needed, boarding homes providing assistance with ADLs must occasionally remind you to eat and drink, and occasionally help you cut up your food, prepare food and beverages for you, and bring them to you.

Additionally, we will provide the following optional services:

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Feed you, if you occasionally need to be fed. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Feed you on a routine basis, if you are unable to feed yourself. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Other assistance with feeding and eating (specify) or comments: |

Home/Provider:

- F. **Dressing:** If needed, boarding homes providing assistance with ADLs must occasionally remind and cue you to put on, take off, and lay out your clothes and necessary prostheses, when the assistance of a licensed nurse is not required, and occasionally provide stand-by assistance and steadying while you perform these activities.

Additionally, we will provide the following optional services:

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Help you put on, take off, and button/buckle/fasten your clothes. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Dress and undress you if you are not able to help with dressing yourself. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Other assistance with dressing (specify) or comments: |

- G. **Mobility:** If needed, boarding homes providing assistance with ADLs must occasionally remind you to move between locations in the boarding home, and occasionally provide stand-by assistance and steady you as you move about.

Additionally, we will provide the following optional services:

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Provide stand-by assistance as you walk or move about the building. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Physically help you walk, or move about the building. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Other assistance with mobility (specify) or comments: |

III. Intermittent Nursing Services

Boarding homes may, but are not required to provide Intermittent Nursing Services

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | A. We provide intermittent nursing services, including: |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Diabetic management as specified below: |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Non-routine ostomy care. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Administration of health care treatments, as specified below. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Tube feeding. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Other nursing services. Please ask our staff if we provide other nursing services you may need, such as care of minor non-infected wounds or preventative skin care. |
| <input type="checkbox"/> | <input type="checkbox"/> | B. We use nursing assistants under the delegation of a registered nurse to provide some authorized nursing services. |
| <input type="checkbox"/> | <input type="checkbox"/> | C. We typically have a registered nurse in the building for ____ days per week totaling ____ hours per week.. |
| <input type="checkbox"/> | <input type="checkbox"/> | D. We typically have a licensed practical nurse in the building for ____ days per week; totaling ____ hours per week. |
| <input type="checkbox"/> | <input type="checkbox"/> | E. Additional comments regarding nursing services: |

Home/Provider:

IV. Help With Medications

All boarding homes must assist you, if you want help, with taking your medications. Someone other than a licensed nurse may provide such assistance. Assistance includes reminding you to take your medications, handing to you and/or opening for you the medication container, and putting the medications in your hand.

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | A. We have a licensed nursing staff available to administer directly, or to supervise the administration of the medications listed below: |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Administration of oral and topical medications and eye/ear/nose drops. |
| <input type="checkbox"/> | <input type="checkbox"/> | a. We use nursing assistants under the delegation of a registered nurse to administer drops and oral and topical medications. |
| <input type="checkbox"/> | <input type="checkbox"/> | B. Administration of injections, excluding insulin. |
| <input type="checkbox"/> | <input type="checkbox"/> | C. Administration of insulin injections. |
| <input type="checkbox"/> | <input type="checkbox"/> | D. Additional Comments: |

V. Family Assistance With Medications Service

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | We permit family members to provide medication services to residents under the following conditions: |
|--------------------------|--------------------------|--|

VI. Resident Arranged Services

We allow residents to independently arrange for outside services under the following conditions:

VII. Care for Residents With Dementia, Developmental Disabilities, or Mental Illness

Boarding homes that choose to serve residents with dementia, developmental disabilities, or mental illness must provide their staff with specialized training in these areas.

We serve persons with the following needs:

Yes No

- | | | |
|--------------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | A. Dementia. |
| <input type="checkbox"/> | <input type="checkbox"/> | B. Developmental Disabilities. |
| <input type="checkbox"/> | <input type="checkbox"/> | C. Mental Illness. |
| <input type="checkbox"/> | <input type="checkbox"/> | D. Other (specify): |

Home/Provider:

VIII. Transportation Services

Boarding homes are not required to provide or help with transportation.

We will provide the following optional services:

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | A. Provide transportation to medical appointments: |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. With staff escorts. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Without staff escorts. |
| <input type="checkbox"/> | <input type="checkbox"/> | B. Help arrange transportation to medical appointments. |
| <input type="checkbox"/> | <input type="checkbox"/> | C. Comments, limitations or details regarding transportation services: |

IX. Ancillary Services

We have available either directly or by contract, the following additional ancillary services:

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | A. Social work services. |
| <input type="checkbox"/> | <input type="checkbox"/> | B. Religious or spiritual support services. |
| <input type="checkbox"/> | <input type="checkbox"/> | C. Other (specify) or comments: |

X. Services Related to Smoking

We:

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | A. Maintain a smoke-free community. |
| <input type="checkbox"/> | <input type="checkbox"/> | B. Permit smoking as specified in your negotiated service agreement. |
| <input type="checkbox"/> | <input type="checkbox"/> | C. Permit smoking in designated outside areas. |
| <input type="checkbox"/> | <input type="checkbox"/> | D. Permit smoking in designated common areas inside. |
| <input type="checkbox"/> | <input type="checkbox"/> | D. Permit smoking in your own room. |
| <input type="checkbox"/> | <input type="checkbox"/> | E. Permit smoking throughout the premises. |

XI. Services Related to Pets

Pets allowed by the boarding home (excluding service animals) must have regular veterinarian examinations and immunizations, appropriate for the species, and must be free of diseases transmittable to humans.

We:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | A. Do not permit pets (excluding service animals). |
| <input type="checkbox"/> | B. Permit you to have pets under the following conditions. |

XII. Services Related to End-Of-Life Care

Please ask if we will be able to support any advanced directives you may have or choices you may make regarding end-of-life decisions.

Home/Provider:

XIII. Payments

Washington State law, RCW 70.129.030(4), requires the boarding home to inform each individual, or their representative, in writing, of the charges for services, items and activities customarily available in the facility or arranged for by the facility including charges for services, items, and activities not covered by the facility's basic per diem rate. Contact the boarding home for this information if not already provided.

It is important to note that because each boarding home structures its pricing differently, there may be additional charges associated with any service the boarding home provides or makes available.

XIV. "Bed Hold" Services

If you are a Medicaid resident and you need to be in a hospital, nursing home, or other rehabilitation facility or are otherwise away from our facility, we will hold your bed for you if you are likely to return to the facility and are eligible for a Medicaid covered bed hold for a period of up to 20 days:

If you are a private pay resident, the facility may choose whether or not to hold your bed during an absence.

XV. Medicaid Support

We:

- ☐ A. Do not accept Medicaid as a source of payment.
- ☐ B. Will accept Medicaid payments for any resident.
- ☐ C. Will accept Medicaid payments only under the following conditions:

XVI. Fire Protection Services

We have the following:

- ☐ A. Fire sprinklers throughout, in all resident and non-resident areas.
- ☐ B. Fire sprinklers in some, but not all areas (Explain):
- ☐ C. No fire sprinklers.

XVII. Security Services

We have the following security service to help protect residents with cognitive impairments and wandering behaviors:

Check applicable response:

- ☐ A. Restricted use of exit doors in a designated portion of the building designed to serve residents with dementia.
- ☐ B. Restricted use of exit doors throughout the building.
- ☐ C. Outside area available with restricted egress.
- ☐ D. Other protective features (Explain):

Home/Provider:

XVIII. Scope Of Licensed Services

This facility:

- ☐ Currently has a boarding home license for all resident rooms in the building.
- ☐ Does not currently have a boarding home license for all resident/tenant rooms in this building.

For More Information

CONTACT

TELEPHONE NUMBER

FAX NUMBER

E-MAIL ADDRESS

WEB SITE

For more information about boarding homes in general, you may visit Aging and Disability Services Administration on the Internet at: <http://www.aasa.dshs.wa.gov/professional/gh/>

The boarding home licensing rule is Washington Administrative Code 388-78A, and may be found on the Internet at <http://www.leg.wa.gov/wac/index.cfm?fuseaction=chapterdigest&chapter=388-78A>

The boarding home resident' rights law is Revised Code of Washington 70.129, and may be found on the internet at <http://www.leg.wa.gov/RCW/index.cfm?fuseaction=chapterdigest&chapter=70.129>